



## AGENDA ITEM EXECUTIVE SUMMARY

Title:	Recommendation to approve the sale/consumption of alcoholic beverages on the public property within First Street Plaza subject to establishment obtaining a Sidewalk Café permit.
Presenter:	Mayor DeWitte

*Please check appropriate box:*

<input type="checkbox"/>	Government Operations	<input type="checkbox"/>	Government Services
<input type="checkbox"/>	Planning & Development	<input checked="" type="checkbox"/>	City Council (June 6 <sup>th</sup> , 2011)
<input type="checkbox"/>	Public Hearing	<input type="checkbox"/>	

Estimated Cost:	N/A	Budgeted:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please explain how item will be funded:

### Executive Summary:

Mr. Maglaris, the owner of Prasino, 51 South 1<sup>st</sup> Street, has requested permission to provide outdoor seating adjacent to his establishment. In order to accommodate Mr. Maglaris' request, a sidewalk café permit must be granted. Staff will be reviewing the proposed seating/fencing plan and is prepared to issue said permit, once it meets the First Street Design Standards.

In addition, City code (5.08.300 Sale, Delivery, Consumption and Possession of Alcoholic Liquor on Public Property) requires that City Council approval be granted in order for alcoholic liquor to be sold, delivered, consumed, and possessed on public property or public right-of-way. The First Street Plaza is public property owned by the City of St. Charles.

### Attachments: *(please list)*

Excerpt from City Code 5.08.300  
Proposed plan for outdoor seating.

### Recommendation / Suggested Action *(briefly explain)*:

Recommend that the City Council approve the sale/consumption of alcoholic beverages for Brix Wine and Cheese on the public property within the First Street Plaza subject to the establishment obtaining a Sidewalk Café permit pursuant to Section 12.04.102 of City Code and strict compliance with the site drawing.

*For office use only:*      *Agenda Item Number:* IG

## ALCOHOLIC BEVERAGES

in pursuance of his or her employment.

(Ord. 2010-M-29 § 1; Ord. 2004-M-12 § 1; Ord. 1995-M-1 § 1; Ord. 1988-M-14 § 1; Ord. 1987-M-81 § 1; Ord. 1980-M-25 § 1(g); Ord. 1976-M-5 (part): prior code § 24.020.)

### **5.08.280 Peddling Alcoholic Liquor in City Prohibited.**

It is unlawful to peddle alcoholic liquor in the City.

(Ord. 2010-M-29 § 1; Ord. 2004-M-12 § 1; Ord. 1976-M-5 (part): prior code § 24.013.)

### **5.08.290 Possession of Alcoholic Liquor in Motor Vehicle.**

No person shall transport, carry, possess or have any alcoholic liquor within the passenger area of any motor vehicle, except in the original package and with the seal unbroken.

(Ord. 2010-M-29 § 1; Ord. 2004-M-12 § 1; Ord. 1976-M-5(part): prior code § 24.027.)

### **5.08.300 Sale, Delivery, Consumption and Possession of Alcoholic Liquor on Public Property.**

It is unlawful for any person to sell, deliver, consume or possess, except in original packages with seals unbroken, any alcoholic liquor upon any streets, sidewalk, alley or other public right-of-way and City property. However, upon approval of the City Council and the consent of the Local Liquor Control Commissioner, this section shall not apply to the premises of a Class E license issued pursuant to this chapter.

Notwithstanding the foregoing, alcoholic liquor may be sold, delivered, consumed and possessed on the public right-of-way adjacent to Class B licensed premises located within the First Street TIF District (described below), subject to: (a) approval of the City Council, (b) the premises obtaining a Sidewalk Café permit pursuant to Section 12.04.102 of this Code and (c) strict compliance with the site drawing (including conditions imposed by the Local Liquor Control Commissioner thereon) approved in conjunction with the issuance of the Class B license for said premises.

The First Street TIF District is described as follows: That part of the Northwest Quarter and the Southwest Quarter of Section 27, Township 40 North, Range 8, East of the Third Principal Meridian in the City of St. Charles, Kane County, Illinois described as follows: Beginning at the northeast corner of Block 44 in Original Town of St. Charles, said point also being the intersection of the south right-of-way line of Main Street (Illinois Route 64) and the westerly right-of-way line of 2<sup>nd</sup> Street (Illinois Route 31); thence easterly along said southerly right-of-way line to the west bank of the Fox River; thence southerly along said west bank to the southerly right-of-way line of Indiana Street; thence westerly along said southerly right-of-way line to the easterly right-of-way of 1<sup>st</sup> Street; thence southerly along the easterly right-of-way line of 1<sup>st</sup> Street to the northerly right-of-way line of Prairie Street; thence easterly along said northerly right-of-way line of Prairie Street to the northerly extension of the west line of Lot 5 in the Piano Factory of St. Charles Subdivision; thence southerly along the west line of said Lot 5 and the northerly extension thereof to the most southerly corner of said Lot 5; thence southwestwesterly along the extension of the southwesterly line of said Lot 5 to the westerly right-of-way line of 2<sup>nd</sup> Street (Illinois Route 31); thence northerly along said westerly right-of-way line of 2<sup>nd</sup> Street to the Point of Beginning.

Any person violating this section shall be fined seventy-five dollars (\$75.00) for the first offense and two hundred dollars (\$200.00) for each subsequent offense.

(Ord. 2010-M-67 § 1; Ord. 2010-M-36 § 1; Ord. 2010-M-29 § 1; Ord. 2008-M-43 § 1; Ord. 2007-M-75 § 1; Ord. 2004-M-12 § 1; Ord. 1982-M-62 § 1; Ord. 1976-M-5 (part): prior code § 24.039.)

RECEIVED

APR 29 2011

Building & Code Enforcement  
St. Charles, IL

**CITY OF ST. CHARLES**

**Annual Application**

**Sidewalk Cafe, Food Cart & Sidewalk Sign in Public Places**



**DIVISION:** Building & Code Enforcement

**PHONE:** (630) 377-4406

**FAX:** (630) 443-4638

**Application Date:** 4-13-11 **Parcel No.** \_\_\_\_\_ **Permit No.** 11-13178

**PLEASE PRINT ALL INFORMATION**

**Property Address:** 51 S. FIRST STREET

**Name of Business at this location:** PRASINO

I hereby apply for permission to place the following on public property: (check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Sign            | <input checked="" type="checkbox"/> Enclosure fencing |
| <input checked="" type="checkbox"/> Tables & Chairs | <input checked="" type="checkbox"/> Food cart(s)      |
| <input checked="" type="checkbox"/> Table Umbrellas | <input type="checkbox"/> Other: _____                 |

*Note: Applicants are responsible for any permits required by the Illinois Department of Transportation (IDOT) for locations within the state right of way (Routes 64, 25, & 31).*

**Check List for Submittal of Application:**

- ☒ Annual Permit Application – Completely Filled Out.
- ☒ Two-2 Copies of site plan with dimensions showing:
  - Sidewalk/walkway/plaza width & length
  - Building wall & entrance
  - Light poles, benches & trash containers
  - Trees & tree grates
  - Bicycle racks & newspaper boxes
  - Proposed location of tables, chairs, food cart & sign
- ☐ Certificate of Worker's Compensation Insurance (as and if required by Illinois Statutes) – required when service is provided to customers in public places.
- ☐ Certificate of Comprehensive General Liability Insurance, with limits of at least \$2-million per occurrence and for any single injury, naming the City of St. Charles as co-insured or additional insured.
- ☐ Sidewalk Sign - \$30.00 annual fee
- ☐ Sidewalk Café/Food Cart CBD-1 Zoning District - \$50.00 annual fee
- ☐ Sidewalk Café – First Street TIF District - \$50.00 annual fee (1<sup>st</sup> Application)
- ☐ Sidewalk Café – First Street TIF District - \$25.00 annual fee (2<sup>nd</sup> Application)

**Owner of the Property:**

**Applicant:**

**Name:** FIRST STREET DEV. LLC **Name:** THEODORE MAGLARIS

**Address:** 409 ILLINOIS AVE ST. 1C **Address:** 11081 S. 84TH AVE

**City/State/Zip Code:** ST. CHARLES IL 60174 **City/State/Zip Code:** PALOS HILLS IL, 60465

**Telephone NO.** (630) 443-9315 **Telephone NO.** (708) 243-4094

If approved, this permit allows for the use of the public sidewalk, walkway or plaza contiguous to the business at the above address for the uses indicated above, as shown on the approved site plan. **I understand and acknowledge** that this permit constitutes a revocable license for the use of public property. **I have read and agree to fully abide by** the requirements of this permit and of Section 12.04.102 and 12.04.104 of the St. Charles Municipal Code.

**I further agree to indemnify and defend the City** from and against any and all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses, consequential or otherwise, including reasonable attorney's fees, which may in any way arise out of or be connected with the granting of this permit or which may in any way result therefrom, or from any act or failure to act by me, my agents or employees.

PRINT NAME: TED MAGLARIIS SIGNATURE: [Signature]

AUTHORIZED SIGNATURE OF PROPERTY OWNER: [Signature]  
(if different from Applicant)

#### REPORT OF BUILDING OFFICIAL

Remarks: ME W/ ROBERT ON 5-9-11 - HE WILL BE SUBMITTING, REVIEWED  
PLANS ON 5-9-11

- ☐ Sidewalk Sign valid through December 31 \_\_\_\_\_ (year)
- ☐ Sidewalk Café/Food Cart CBD-1 Zoning District valid April 1 through October 31 of \_\_\_\_\_ (year)
- ☒ Sidewalk Café – First Street TIF District (1<sup>st</sup> Application) April 15<sup>th</sup> through July 23<sup>rd</sup> of 11 (year) or 2<sup>nd</sup> application July 24<sup>th</sup> through October 31<sup>st</sup> \_\_\_\_\_ (year) (100 days or less)

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: 5-27-11

Signed: [Signature]

For Office Use	
Received	<u>4/29/11</u>
Fee Paid \$	<u>50</u>
Receipt #	<u>363095</u>
Check #	<u>Cash</u>

Theodore Maglaris



# CERTIFICATE OF LIABILITY INSURANCE

OP ID LR

DATE (MM/DD/YYYY)

05/19/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Rosenthal Bros., Inc. 740 Waukegan Road P.O. Box 700 Deerfield IL 60015-0700 Phone: 847-940-4300 Fax: 847-940-4315		<b>RECEIVED</b> MAY 20 2011		<b>CONTACT</b> NAME: PHONE: A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: PRASI-1	
<b>INSURED</b> Prasino St Charles LLC Ted Maglaras 51 S. First St. St. Charles IL 60174		Building & Code Enforcement St. Charles, IL		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Indiana Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
				NAIC # 22659	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	4003856676	08/20/10	08/20/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Liquor \$ 1,000,000
A	<input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		4003856676	08/20/10	08/20/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4003856676	08/20/10	08/20/11	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		4003856676	09/13/10	09/13/11	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	4003856676	09/13/10	09/13/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Business Property		4003856676	08/20/10	08/20/11	BPP 650,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is Additional Insured with respect to General Liability when required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

STCHARC

City of St. Charles  
2 East Main St.  
St Charles IL 60174

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Bernard J. Rosenthal, CPCU*

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"Robert Kunke [PRASINO]"  
<robert@prasino.com>

06/02/2011 12:11 PM

To "'dgraffagna@stcharlesil.gov'"  
<dgraffagna@stcharlesil.gov>

cc

bcc

Subject FW: Outdoor Furniture

Hello Debbie,

We are using the same contractor and fencing style that NEO used. I am waiting for a PDF from them if you need it, but it will look identical. Here are the chair and table styles. We originally wanted the silver, however in keeping with the feel of the European courtyard motif we have also chosen a more rustic style. I can be available on Monday for the council meeting if that is helpful. Please contact me if there is anything else you need from us.

Robert Kunke  
General Manager  
prasino St. Charles  
p: 630.908.5200  
c: 773.474.1021  
www.prasino.com

Please consider the environment before printing this e-mail

**From:** Lottie Rakus [mailto:lottie@zepole.com]  
**Sent:** June 02, 2011 12:00 PM  
**To:** Robert Kunke [PRASINO]  
**Subject:** Outdoor Furniture

Please see attached.

Thank You  
Lottie Rakus  
Zepole Restaurant Supply Co.  
506 E. North Frontage Rd  
Bolingbrook, IL 60440  
Tel 630-783-1239  
Fax 630-739-5287



[www.zepole.com](http://www.zepole.com) AL30301aluminumtable.jpg meshoutdoorchair.jpg Wenge%20copy32x48table.jpg

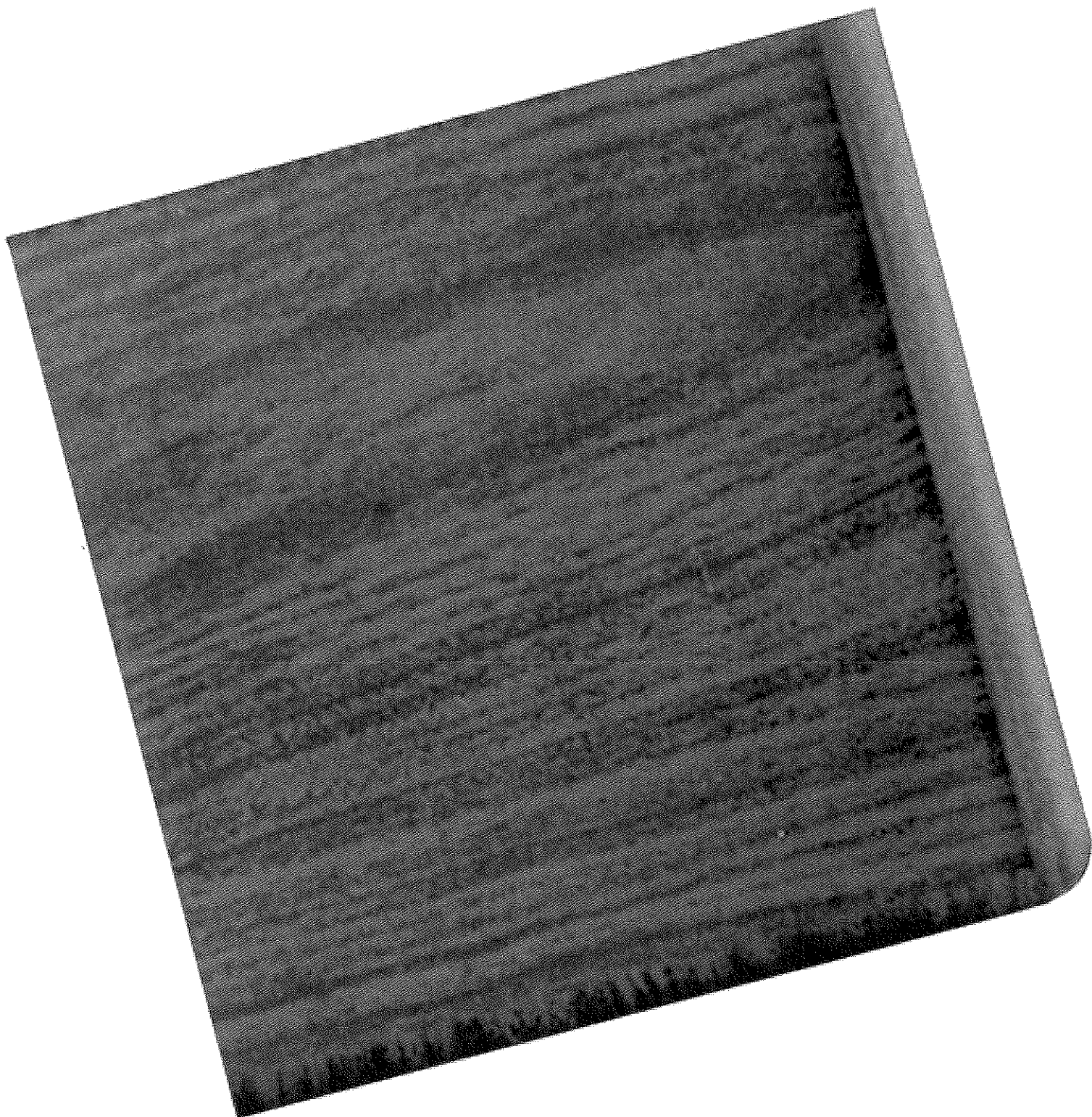


Senna\_Dining\_Chair\_With\_Arms[1].pdf









# PREMIUM NOTICE

ACCOUNT NUMBER: 000971650



**Agent:** TELEPHONE (847)-940-4300  
ROSENTHAL BROTHERS INC  
PO BOX 700 740 WAUKEGAN RD  
DEERFIELD IL 60015 0700

**Account of:**  
PRASINO GREEN CAFE ST CHARLES  
LLC  
51 S 1ST ST  
SAINT CHARLES IL 60174

**Notice issued to:**  
PRASINO GREEN CAFE ST CHARLES  
LLC  
51 S 1ST ST  
SAINT CHARLES IL 60174

**Company:**  
INDIANA INSURANCE COMPANY  
9450 SEWARD ROAD  
FAIRFIELD, OH 45014-5456

## PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 02    Loan Number:    Agent: 0013991    Payment Plan: MONTHLY    Invoice Date: 04/04/2011

Policy Number	Trans. Date	Description of Transactions	Charges/ Credits	Balance	Minimum Due
CBP3856698 WC 4353622 CU 8791690	03/21/2011	PREVIOUS MINIMUM DUE	2,340.92		
		CREDIT	-2,340.92		
		COMMERCIAL PACKAGE			
		INSTALLMENT DUE	814.92	2,444.76	814.92
		WORKERS COMP			
		INSTALLMENT DUE	1,288.50	3,865.50	1,288.50
		COMMERCIAL UMBRELLA			
		INSTALLMENT DUE	233.50	700.50	233.50
		SERVICE CHARGE/FEES	4.00	4.00	4.00

**Payment Due Date:** 04/21/2011    **Account Balance:** \$ 7,014.76    **Minimum Amount Due:** \$ 2,340.92

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

